FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D,** SECTION 4(6), AND/OR ł̃FORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number 3235-0076



#.C./# :	-00 /cv/					
Name of Offering (check if						
ConectiSys Corporation Priv	ate Placement of Callable	Secured Convertible	Notes and Warr	ants		
Filing Under (check box(es) th	at apply): Rule 504	□ Rule 505 ⊠Rul	le 506 🗆 Section	on 4(6) ULO	E	
Type of Filing: X New Filing	g Amendment					
		A. BASIC IDENT	IFICATION !	DATA		
1. Enter the information reque	sted about the issuer					
Name of Issuer (check if the	is is an amendment and nan	ne has changed, and ind	licate change.)			
ConectiSys Corporation			·			
Address of Executive Office		Street, City, State, Zip	Code)	Telephone Nur	mber (Including Area Code	2)
24307 Magic Mountain Parky	way, Suite 41, Valencia, C	alifornia 91355		(661) 295-676	3	
Address of Principal Business	•	nd Street, City, State, Z	ip Code)	Telephone Nur	mber (Including Area Code	2)
(if different from Executive Of	fices)			!		
Brief Description of Business					PROCESSED	
Development of automatic me	eter-reading products.			E	MAR 2 9 2006	
Type of Business Organization					THORSON	
☑ corporation	☐ limited partners	hip, already formed	☐ other	(please specify):	THOMSON	
☐ business trust	☐ limited partner	ship, to be formed			FINANCIAL.	
		Month	Year			
Actual or Estimated Date of Inc	corporation or Organization	: [0][2]	[8][6]	★ Actual	☐ Estimated	
Jurisdiction of Incorporation or	Organization: (Enter ty			on for State:	[C][O]	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

 Each beneficial owner the issuer; 	having the power	has been organized within the to vote or dispose, or direct or rporate issuers and of corpora	the vote or disposition of, 1		• •
 Each general and man 	aging partner of pa	rtnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Spigno, Robert A.	individual)				
Business or Residence Address					
24307 Magic Mountain Parl Check Box(es) that Apply:	Promoter □ Promoter	□ Beneficial Owner	☒ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)	· · · · · · · · · · · · · · · · · · ·			
Muirhead, Lawrence Business or Residence Addres 24307 Magic Mountain Parl					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if McGough, Melissa	`individual)		***************************************		
Business or Residence Address 24307 Magic Mountain Park					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Spigno, Patricia A.					
Business or Residence Addres 24307 Magic Mountain Parl	•				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addres	s (Number and S	treet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and St	treet, City, State, Zip Code)			
	(Use blank shee	t or conv and use addition	nal copies of this sheet a	s necessary)	

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

					B. IN	FORMA	TION A	BOUT O	FFERIN	G				
1. H	as the issu	er sold, or	does the i	ssuer inter	nd to sell,	to non-acc	redited in	vestors in	this offeri	 ng?				Yes No □ 🗷
	Answe	r also in A	ppendix, (Column 2,	if filing u	nder ULO	E.							
2. W	hat is the	minimum	investmer	t that will	be accept	ed from ar	ıy individ	ual?					5	5 <u>N/A</u>
										Yes No				
			-											⊠ □
sir an or	nter the infinilar remulassociated dealer. If	neration for the second of the	or solicitar ragent of an five (5	tion of pur a broker o) persons	chasers in r dealer re	connection connection is connected with the connection is connected to the connect	on with sa vith the SE	les of secu C and/or	rities in the	ne offering e or states	g. If a per , list the n	son to be ame of the	listed is e broker	
Full N	ame (Last	name firs	t, if indivi	dual)										
Busine	ss or Resid	dence Add	ress (Nur	nber and S	Street, City	, State, Zi	p Code)							
Name	of Associa	ted Broke	r or Deale				·							
States	in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers							
		(Check	"All State	s" or chec	k individu	ual States)	•••••				*************	•••••		. All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last	name first	, if individ	ual)			<u> </u>							
Busine	ess or Resid	lence Add	ress (Nur	nber and S	treet, City	, State, Zi	p Code)							
Name	of Associa	ted Broke	r or Dealer								118 1			·
States	in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	irchasers							
(Cl	neck "All S	States" or	check indi	vidual Sta	tes)									☐ All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last	name first	, if individ	dual)								· · · · · · · · · · · · · · · · · · ·		
Busine	ss of Resid	lence Add	ress (Nun	nber and S	treet, City	, State, Zi	p Code)		· · · · · ·		<u> </u>			
Name	of Associa	ted Broker	or Dealer	•		··								, , , , , , , , , , , , , , , , , , ,
State in	Which Pe	rson Liste	d Has Sol	icited or I	ntends to	Solicit Pur	chasers					 -		····
(Cł	neck "All S	tates" or o	heck indi	vidual Sta	tes)	•••••	••••••							☐ All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD] (Use b	[AR] [KS] [NH] [TN] blank she	[CA] [KY] [NJ] [TX] et, or cop	[CO] [LA] [NM] [UT] by and use	[CT] [ME] [NY] [VT] e addition	[DE] [MD] [NC] [VA] nal copies	[DC] [MA] [ND] [WA] of this si	[FL] [MI] [OH] [WV] neet, as n	[GA] [MN] [OK] [WI] ecessary.	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

692/021744-0001

1.	Enter the aggregate offering price of securities included in this offering and the total amount already s Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amou	unt Already Sold
	Debt	\$0	\$	0
	Equity	\$ <u> </u>	\$	0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants) Callable secured convertible notes and warrants	\$ <u>1,270,000</u> *	\$	1,270,000*
	Partnership Interests			0
	Other (Specify)			
	Total	\$ <u>1,270,000*</u>	\$	1,270,000*
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A	ggregate
		Number <u>Investors</u>	Dol <u>of</u>	lar Amount Purchases
	Accredited Investors			1,270,000*
	Non-accredited Investors			0
	Total (for filings under Rule 504 only)	N/A	<u> </u>	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dol	lar Amount
	Type of offering	Security	_	Sold
	Rule 505	N/A	\$	N/A
	Regulation A	N/A	<u>\$</u>	N/A
	Rule 504	N/A	s	N/A
	Total	N/A	\$	N/A
4. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0
	Printing and Engraving Costs		\$	0
	Legal Fees.	X	\$	70,000
	Accounting Fees		\$	0
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)			0
	Other Expenses (identify) pre-paid interest			
	Total		\$	70,000
	I VIII	لما	9	70,000

* The offering includes warrants to purchase an aggregate of 20,320,000 shares of the issuer's common stock at an exercise price of \$0.0009 per share, for an initial aggregate exercise price of \$18,288, which amount is not included in the aggregate offering price set forth above.

APPENDIX

1	Intend to no accrece investo Sta	to sell on- lited ors in te	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
со										
CT										
DE										
DC										
FL										
GA						·				
HI										
ID										
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IN										
IA								ļ		
KS										
KY										
LA										
ME										
MD										
MA								· .		
MI										
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MS										
МО										
МТ	ļ									
NE										
NV			`							

1	Intend to no accredinvesto Star (Part B-1	to sell on- lited ors in te	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NH					-				
NJ									
NM			·						
NY		х	Convertible Notes and Common Stock Purchase Warrants \$1,270,000	4	\$1,270,000	0	0		х
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX		_				<u> </u>			
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND	US	E OF PROC	EEL	S	
b.	Enter the difference between the aggregate offering price given in response to Part C - Question 4.a. This difference is the "adgross proceeds to the issuer."	justed	•••••			\$	1,200,000
•	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed proposed to be used for each of the purposes shown. If the amount for any purpose is furnish an estimate and check the box to the left of the estimate. The total of the payment equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b	s not kn ts listed	own,				
		•	D	ayments to Officers Directors, & Affiliates		F	Payments to Others
	Salaries and fees	🗆	\$	0		\$	0
	Purchase of real estate	🗆	\$	0		\$	0
	Purchase, rental or leasing and installation of machinery and equipment	🗆	\$	0		\$	0
	Construction or leasing of plant buildings and facilities	🗆	\$	0		\$	0
	Acquisition of other businesses (including the value of securities involved in this						
	offering that may be used in exchange for the assets or securities of another issuer		\$	0		\$	0
	pursuant to a merger)						
	Repayment of indebtedness	🗆	\$	0		\$	0
	Working capital	🗆	\$	0	X	\$	1,200,000
	Other (specify):		\$	0		\$	0
			\$	0		\$	0
	Column Totals	🗆	\$	0		\$_	0
	Total Payments Listed (column totals added)	•••		X	\$	1	,200,000
	D. FEDERAL SIGNATURE	,			-		
gn	issuer has duly caused this notice to be signed by the undersigned duly authorized person. ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchangement of furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ge Comn	nissic	e is filed under on, upon writte	r Rul	e 505 Juest	, the following of its staff, the
	suer (Print or Type)			Date March 1	4 2	304	
	onectiSys Corporation ame of Signer (Print or Type) Title of Signer (Print or Type)			March 1	4, 2	700	
145	inte of Signer (Fint of Type)	ı					
D.	obert A. Spigno Chief Executive Officer						

ATTENTION

International misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes □	No X
	See Appendix, Column 5, for state response		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature		Date
ConectiSys Corporation	the second	`````	March 14, 2006
Name (Print or Type)	Title (Print or Type)	λ	
Robert A. Spigno	Chief Executive Office	er	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.